Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IN005336	A. BUILDING _____ B. WING _____	C 10/19/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANCHOR HOME HEALTH CARE	1351 SILHAVY RD STE 200 VALPARAISO, IN 46383

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 000	Initial Comments This was a state home health complaint investigation. Complaint: IN00117566- Unsubstantiated: Lack of sufficient evidence. Survey Date: October 19, 2012 Facility #: IN005336. Provider #: 157163. Medicaid #100264420A. Surveyor: Janet Brandt, R.N. Public Health Nurse Surveyor. Medical Records reviewed: 2 active medical records reviewed. 2 closed medical records reviewed. Total medical records reviewed: 4. Anchor Home Health Care was found to be in compliance with 410 IAC Article 17 Rule 12 Section 3 as related to this complaint. Quality Review: Joyce Elder, MSN, BSN, RN October 23, 2012	N 000		